**DEPARTMENT OF THE ARMY**
US ARMY MEDICAL DEPARTMENT ACTIVITY
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MCXV-QMD 21 June 2004

MEMORANDUM FOR Commander, Great Plains Regional Medical Command, ATTN: ACoS (Ms Susan Fox), 2410 Stanley Road, Suite 121, Fort Sam Houston, Texas 78234-6230

SUBJECT: After Action Report of the Bayne-Jones Army Community Hospital 2004 JCAHO Survey

1. The JCAHO survey for Bayne-Jones Army Community Hospital (BJACH) was conducted 7-9 April 2004. The survey team included a physician, Dr. George Beddingfield (team leader), a nurse, Mary Litvin, an administrator, Thomas Treat, and a Social Rehabilitation surveyor, Paul Greever. The administrator also acted as the Ambulatory Services surveyor on the second day.

2. **Results:** BJACH received accreditation with seven Requirements for Improvement (RFI) findings. Follow-up to the RFI findings will require submission of an electronic Evidence of Standards Compliance (ESC) report in 90 days.

3. **Pre-Survey Application:** The Chief, Quality Management Division, acted as the liaison to the Joint Commission. The electronic survey application was filed on the "Jayco" website in November 2003 through Dr. Charles Deal, MEDCOM, for a projected triennial anniversary date of 06 April 2004. This method required several sessions (both telephone and electronic) with our JCAHO Account Representative to revise the application to meet their requirements. We were officially notified, electronically, on 03 March 2004 of the dates for our survey and received the official agenda template on 05 March for survey dates 7-9 April 2004.

4. **Lodging the Surveyors:** Frequent contact with the surveyors, through phone and email, occurred over the first weeks in March regarding available lodging, location of the hospital etc. The nurse, physician and Social Rehab surveyors opted to obtain their own lodging at a local hotel. However, the Administrator Surveyor, a retired Air Force Colonel, requested reservations be obtained for him and his spouse in our post VIP cottages. That was accomplished and they actually arrived on Post 05 April. Our ASO prepared welcome packets for the surveyors. Security badges were obtained for each surveyor. A room in the hospital, with telephone and Internet access, was designated as "Team Headquarters" (TH) and each surveyor was given a key. Office supplies were made available. Morning and afternoon beverages and snacks were placed in the room daily. The surveyors had informed us, prior to arrival, that they would be having sequestered "working lunches". Each morning Dining Facility al Carte menus and

soup/salad/sandwich bar menus were provided. They made their choices for lunch, which was then prepared and delivered to the TH. Escorts and scribes were identified and assigned to each surveyor. (Transcriptions of the surveyor's questions can be found in the attached enclosures.)

**5. Preparation Activities:**

a. **Functional Area Action Team (FAAT):** The foundation of our performance improvement program is the activities conducted by five Functional Area Action Teams (FAAT). The teams were established in 1996-97, organized around the 11 functional chapters of the ***Comprehensive Accreditation Manual for Hospitals (CAMH).*** Their purpose is an ongoing review of the JCAHO standards to ensure compliance with the requirements of the standards. The teams are built around functional staff positions and the person in the position is the member on the team. This is a dynamic structure and all FAAT activities are monitored through monthly team reports to the Hospital Quality Improvement Council (HQIC). With the changes to the new 2004 CAMH standards and the new JCAHO survey process **"Shared Visions-New Pathways"** the FAATs were transitioned into PFAATs in August 2003. These teams now reflect the new functional chapters/standards and were trained in October 2003 on the new standards for the chapter for which each is responsible.

b. **Ongoing strategies** employed to ensure staff knowledge regarding JCAHO:

(1) **1997-2004** – **Joint Commission Satellite Network (JCSN)** monthly broadcasts.
(2) **1998-2004** – Automated ***Comprehensive Accreditation Manual for Hospitals (CAMH); Continual Quality Improvement (CQI) Orientation*** (a 4-hour course) and ***Continual Quality Improvement Principles, Tools and Techniques*** (a 16-hour course for mid-level managers and FAAT members).
(3) **1999-2003** – ***Score 100 for Hospitals*** – All areas were "scored" on a semi-annual basis. All standards "scoring" 3 or more had a corrective action plan developed and implemented. The ***Score 100*** "score" was reported to the quarterly Commander's **Review and Analysis**.
(4) **2000-2004** – ***J-Mail*** – JCAHO survey prep email for hospital staff distributed frequently to boost staff knowledge. ***JACHO Smart Book*** - developed from questions submitted by FAAT leaders for findings from their ***Score 100*** self-assessments. **QUEST Teams** – consists of at least four members who go throughout the facility simulating the "Tracer Methodology" survey process by **"Quest"**ioning staff members using information from the ***JCAHO Smart Book*** and other sources.
(5) **2002** – **Pre-JCAHO Survey Assessment** conducted at the 18-month mark (September) by GPRMC contracted consultants. Findings from this "mock" survey were assigned to the appropriate FAAT for a corrective action plan (CAP) to be developed and implemented for each finding. The status of the progress on each CAP was reported to the Executive Council on a scheduled monthly basis. Included with this was a report on the current status of the review/updating of each regulation, SOP, Command Memo, etc. related to the standards for which the FAAT was responsible. These reports continued into September 2003.

(6**) 2003 – GPRMC SAV** to Credentials/Risk Management programs; **MEDCOM IG** visit to Patient Safety Program; **Command Review Logistics Team (CLRT)** from USACHPPM conducted a Pre-JCAHO Survey assessment of the facility Environment of Care.

c. **Change of Command** – August 2003 – Survey Preparation Tempo Increases

(1) – **August 2003** – Restructured FAATs to Priority Focus Area Action Teams (PFAAT) to more closely align the teams with the new/revised JCAHO standards and survey process. Team members were identified.
(2) – **September 2003** – Monthly reports to Commander on the findings from the September 02 Pre-JCAHO Survey Assessment continues.
(3) – **October-December 2003** – Reports to the Commander increase to weekly. PFAAT members and Command trained on new 2004 JCAHO standards, the new JCAHO survey process and the scoring for Elements of Performance/Standards compliance.
(4) – **January 2004** – **Pre-JCAHO Survey Assessment** conducted by GPRMC contracted Consultant. Findings from the Consultant's assessment were included in the weekly reports to the Commander. An Army Nurse (04), Project Officer was detailed to QMD to assist with final preparation and planning for the April survey. A time-line to JCAHO survey plan with goals and suspenses was developed and implemented.
(5) – **February 2004** – A mandatory Education/Training Day was scheduled. (The Commander directed that this be done on the scheduled President's Day Training Holiday, with the stipulation that he would restore the Training Holiday at a later date.) "Train the Trainer" for Tracer Methodology was conducted for all first line supervisors and the **QUEST Team** Members.
(6) – **March 2004** – The **QUEST Teams** began "mock" Patient Tracers twice weekly throughout the facility. A follow-up **GPRMC SAV** visit occurred to assess the compliance with the findings identified in the January Consultant visit. Reports to the Commander increased to twice weekly. Participants in the scheduled April survey activity sessions were identified.
(7) – **April 2004** – Wrap up of last minute details. Practice sessions were conducted with the staff members scheduled to participate in the specific agenda activities. Preparation of slides and practice with the Executive Council on their part of the brief, which each member would present, at the Opening Conference on the first day of survey 7 April 2004.

6. Survey Results: Granted Accreditation with Requirements for Improvement.

7. If you have any questions please contact the undersigned at 337-531-3516 or DSN 863.

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MARY P TETA, RN, CPHQ
Chief, Quality Management Division